

# **WORK EXPERIENCE STUDENT FILE CHECKLIST**

**NAME OF STUDENT:** \_\_\_\_\_

**WORK EXPERIENCE LEVEL:** \_\_\_\_\_

**GRADE:** \_\_\_\_\_

**WORK PLACEMENT:** \_\_\_\_\_

**SUPERVISOR:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

ACTIVITY	DATE(S) ASSIGNED (If applicable)	DATE(S) COMPLETED	COMMENT
Career Transition Prerequisite(s)			
Application			
Parent/ Guardian Consent			
Resume, Cover Letter, References			
Work Agreement Form/ Contract			
Learning Plan/ Job description			
Safety Information Checklist			
Time Logs			
Teacher Monitoring Records			
Employer Evaluation Forms			

**Work Experience Coordinator:** \_\_\_\_\_